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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: RUSSO

Application No. 10/716,260

Examiner: Ferguson, Michael P.

Filed: November 18, 2003


Group Art Unit: 3679

For: METHOD FOR PERFORMING KNOTS OF RETAINING NETS SUCH AS ROCKS
RETAINING NETS AND THE LIKE, KNOT OBTAINED BY THE METHOD AND
JUNCTION FOR A KNOT OF A RETAINING NET

AMENDMENT

CERTIFICATE OF TRANSMISSION/MAILING

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 Reg. No. 40,764
Mark D. Passler

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

This is in response to the Office Action dated November 12, 2004. Please amend the
above-identified application as follows:

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims begin on page 3 of this paper.

Remarks/arguments begin on page 7 of this paper.

{WP234103,1}

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PTO/SB/21 (02-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/716,260	
	Filing Date	11/18/2003	
	First Named Inventor	RUSSO	
	Art Unit	3679	
	Examiner Name	FERGUSON, MICHAEL P.	
Total Number of Pages in This Submission	11	Attorney Docket Number	7202-48

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt
Signature	
Date	5-12-05

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